

2015-2016 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1

List ALL infants, children, and students up to and including grade 12 who are Household Members

(If more spaces are required for additional names, attach another sheet of paper.)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Child's First Name	MI	Child's Last Name	School the Child Attends or NA if not in school	<div>Foster Child Homeless, Migrant, Runaway Head Start</div>
				<div>Check all that apply</div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>
				<div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>
				<div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>
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				<div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>

STEP 2

Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDIRP?

Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

Program Name:

Note: Do not include BadgerCare in Step 2

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all infants, children and students up to and including grade 12 of all Household Members listed in STEP 1 here.

Child income

\$

How often?

Weekly

Bi-Weekly

2x Month

Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	C. Earnings from Work	D. Public Assistance/ Child Support/ Alimony/SSI/VA Benefits	E. Pensions/Retirement/ Social Security, Other Income	F. Special Situations
	<div><div>Weekly</div><div>Bi-Weekly</div><div>2x Month</div><div>Monthly</div></div>	<div><div>Weekly</div><div>Bi-Weekly</div><div>2x Month</div><div>Monthly</div></div>	<div><div>Weekly</div><div>Bi-Weekly</div><div>2x Month</div><div>Monthly</div></div>	
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G. Total Household Members (Children and Adults)

H. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X

X

X

X

X

X

Check if no SSN ☐

STEP 4

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)	Apt #	City	State	Zip
Printed name of adult completing the form		Signature of adult completing the form		Today's date

OPTIONAL**Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check one or more):

- ☐ White ☐ American Indian or Alaskan Native ☐ Black or African American
☐ Asian ☐ Native Hawaiian or Other Pacific Islander

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or

in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: _____ Income Eligibility: Free___ Reduced___ Denied___

Date Withdrawn: _____ Reason for denial or withdrawal: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____